

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>SW</i>		<i>12-3-01</i>
O.I.P.E. CLASSIFIER		<i>1-2</i>	<i>12/10</i>
FORMALITY REVIEW	<i>M.D</i>	<i>625</i>	<i>01-20-02</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
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